

P.O. BOX 129261
SAN DIEGO, CA 92112-9261
ATTN: MIKE VERNETTI, SUPERVISOR
SITE ASSESSMENT AND MITIGATION
(619) 338-2242
(619) 338-2315 (FAX)



COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH

COUNTY'S REQUEST FOR PHASE I REPORT REVIEW

A. Property name _____ Assessor's Parcel Number _____				
Address _____				
Street	City	State	Zip Code	
B. Present Property Owner _____				
Mailing Address _____				
Street	City	State	Zip Code	
Contact Person _____ Telephone () _____				
C. Application Submitted By:				
Applicant's Name _____				
Applicant's Department and Division (Program) _____				
Applicant's Mail Stop _____ Telephone () _____ FAX () _____				
D. Project Org. No. _____ Project Account No. _____ Project Task and Activity Codes _____				
Note: This information is necessary to establish a work authorization by the Department of Environmental Health. Site Assessment and Mitigation will not be able to review materials without this information on file.				
E. Project Description and Assistance Requested: _____				

Note: A Phase I report must be attached with this request				

Original Signature of Applicant

Printed Name

Date